TANK 7+ 18/ Toxic Substances Control Division Sacramento, California (Form designed for use on elite (12-pitch) typewriter.) Please print or type. Information in the shaded areas is not required by Federa UNIFORM HAZARDOUS Reperator's US EPA ID No. Manifest 2. Page 1 Document No. WASTE MANIFEST 6 A D O 8 8 8 1-0 0 0 enifest Rocument Number 3. Generator's Name and Mailing Address Douglas Afreraft Co. 190th & S. Normandia Ave Torrance, CA. 90502 ator State Generator's ID Generator's Phone ( 213-533-6677 US EPA ID Number Transporter 1 Company Name C.State Transporter's ID D.Transporter's Phone J. C. Louid Waste Disposa Transporter 2 Company Name US EPA ID Number E State Transporter's ID Z J-Z68-3 3 F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID Casma Tab CAD02074X P.O. Box E. NTU Road H.Facility's Phone Casmalfa, CA 93429 IC.A.D.0.2.0.7.4.8.1.2.5 12.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number, Total Unit Waste No. Туре Quantity Nt/Vo No. a. Waste Acid Liquid N.O.S. - Corrosive NA1760 001 2600 112 b. C. d. dditional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above Siconie Asii Siconie Asia Market and the latter 15. Special Handling Instructions and Additional Information Use glows, go-gles, respirator - May cause severe burns to skin & eyes OR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Month Day Printed/Typed Name Signature Year Donald C. Gerber 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Month Day Signature Year 18. Transporter 2 Acknowledgement or Receipt of Materials Date Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space SCANNED 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date Printed/Typed Name Signature Month Day Year



TANK 7+ 191

C6-700-85 JC1-0137

Department of Health Services

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Designated Facility Name and Site Address  Casma Lab  P.O. Box E. NTU Road	10. US EPA ID Num		i State Fac		
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